MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04051

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A (Last) Armwood
4. DATE OF DEATH (Month) Apr (Day) 9 (Year) 1949
5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 17-1944
9. AGE last birthday 4 yrs. If under 1 year Months 9 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Westover Somerset Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hubert Cottman
14. MOTHER'S MAIDEN NAME Mary Armwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT James Braxton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

590 Immediate cause (a) Acute Brights

Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Don't Know

(c) Don't Know

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Feb, 1949 and that death occurred at hour m., from the causes and on the date stated above.

SIGNATURE T. J. Smith MD (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 4/9-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Apr 12-1949
NAME OF CEMETERY OR CREMATORY Westover
LOCATION (City, town, or county) (State) Westover Somerset Co Md

DATE REC'D BY LOCAL REG. 4/9/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.
24. FUNERAL DIRECTOR Charles H Ward ADDRESS Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04052

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta.; LENGTH OF STAY (in this place) 54 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Hiram (Middle) Sue (Last) Bell

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 5, 1895

9. AGE last birthday: 54 yrs. If under 1 year: Months 1, Days 24, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Marion Station, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hirbut Bell

14. MOTHER'S MAIDEN NAME: Annie Tave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-07-2988

17. INFORMANT: Mannie Bell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Natural Causes

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Suddenly, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm H Coulbourn M.D. Crisfield Md. Apr 28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: May 2, 1949; NAME OF CEMETERY OR CREMATORY: Branch; LOCATION (City, town, or county) (State): Marion Sta, Md.

DATE REC'D BY LOCAL REG. April 28, 49; REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Charles H. Ward; ADDRESS: Marion Sta, Md.

VS-A15

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MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04053

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
MARYLAND
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Maryland Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) CHRISTOPHER (Last) BYRD

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 30, 1875

9. AGE last birthday: 74 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Operator

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: L. Dow Byrd

14. MOTHER'S MAIDEN NAME: Rachel Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-12-4377

17. INFORMANT: Mrs. Elton Massey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	1½ days
33d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Encephalomalacia of brain	
	(c) due to Thrombosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1949, to April 23 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 5-15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. S. Rawley M.D. Crisfield Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Apr. 26, 1949

NAME OF CEMETERY OR CREMATORY: Sunnridge Cemetery

LOCATION (City, town, or county) (State): Hopewell Maryland

DATE REC'D BY LOCAL REG. 4/26/49

REGISTRAR'S SIGNATURE: C. B. Collins

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04054

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) W. Main Street

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) PRISCILLA (Last) COLLINS

4. DATE OF DEATH: (Month) (Day) (Year) Apr. 29, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kingston, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Powell

14. MOTHER'S MAIDEN NAME: Julia Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles W. Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease —

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93e (b) Myocarditis —

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (City or Town) (County) (State)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While At Work / Not While At Work

HOW DID INJURY OCoccur?

Natural Cause

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on ....., 19....., and that death occurred at 1058P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H. Coulbourn M.D. ADDRESS Crisfield. Md DATE SIGNED Apr 30/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 2, 1949 — NAME OF CEMETERY OR CREMATORY Mariners Cemetery — LOCATION (City, town, or county) Crisfield, Maryland (State)

DATE REC'D BY LOCAL REG. May 1, 1949 — REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield — ADDRESS

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MAY 9 1949
BUREAU V. S.

04055

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14 268

1. PLACE OF DEATH COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lifetime Wenona

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
STREET ADDRESS (If rural, give location) Wenona

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) T. (Last) Corbett
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/10/1864
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Waterman
11. BIRTHPLACE (State or foreign country) Wenona Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Corbett
14. MOTHER'S MAIDEN NAME Julia Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Edward Corbett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 day.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unknown
	(c) Cerebral Hemorrhage	1946

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1946, to 4/19, 1949 that I last saw the deceased alive on 4/18/, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Whaley MD ADDRESS DATE SIGNED 4/22/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE 4/22/49
NAME OF CEMETERY OR CREMATORY St Pauls M.E.
LOCATION (City, town, or county) Wenona (State) Md

DATE REC'D BY LOCAL REG. 4/22/49
REGISTRAR'S SIGNATURE Lola T. Wheatley
24. FUNERAL DIRECTOR L. F. Webster ADDRESS Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04056

Reg. Dist. No. 260

1. PLACE OF DEATH· COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden — LENGTH OF STAY (in this place) all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
HOSPITAL OR INSTITUTION OR STREET ADDRESS no	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Hudson				4. DATE OF DEATH (Month) 4 (Day) 4 (Year) 1949			
5. SEX Female	6. COLOR OR RACE a a	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH 1-12-1886	9. AGE last birthday 63 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Eden Md.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John Gunby			14. MOTHER'S MAIDEN NAME Amanda Harmon				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY No. no	17. INFORMANT Mrs. Joyce Black				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 1 hr.

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to 4-4-49, 19....., that I last saw the deceased alive on 4-1-49, 19....., and that death occurred at 5 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lee L Lawry	M.D.	Fruitland	4-4-49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial	DATE 4-10-49	NAME OF CEMETERY OR CREMATORY St. Mary's	LOCATION (City, town, or county) Eden, Somerset Co. (State) Md.
DATE REC'D BY LOCAL REG. 4/6/49	REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.	24. FUNERAL DIRECTOR James F. Stewart, 402 E. Church St. Salisbury, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04057

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) W. (Last) Jones

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1949

5. SEX Fe.

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct 10, 1907

9. AGE last birthday 41 yrs. If under 1 year Months 5 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) White Stone, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Waters

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no.

16. SOCIAL SECURITY NO.

17. INFORMANT William Jones -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Cachexia

158 Antecedent cause(s)

46 h Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest (b) Omental & Peritoneal Carcinoma

(c)

INTERVAL BETWEEN ONSET AND DEATH: Yes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Exp Feb 1 49

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Omentum & Peritoneum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? no injury

22. I hereby certify that I attended the deceased from June 15, 1949, to April 8, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Guy C Millman M & Mount Sto Md April 9.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 11-1949

NAME OF CEMETERY OR CREMATORY Westover

LOCATION (City, town, or county) Westover (State) Somerset Md.

DATE REC'D BY LOCAL REG. April 9, 49

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Norma J. Ward ADDRESS Marion Md

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APR 13 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04058

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Som
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Princess Anne
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) Jones (Last)

4. DATE OF DEATH (Month) April (Day) 10 (Year) 1949

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1910
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Usual
11. BIRTHPLACE (State or foreign country) Somerset County Md. U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Jones
14. MOTHER'S MAIDEN NAME Rosie Price.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT Husband - Ellis Jones.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Disease

434.3

Antecedent cause(s) —

95C

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Near Princess Anne (COUNTY) Som (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? No injury

22. I hereby certify that ~~I attended the deceased from ....., 19....., to ....., 19.....~~ that I last saw the deceased alive on ....., 19....., and that death occurred at 12 Noon m., from the causes and on the date stated above.

HENRY M. LAUKFORD, M.D.
Deputy Medical Examiner
for Somerset County

SIGNATURE (Degree or title) Henry M. Laukford - Princess Anne, Md.
ADDRESS
DATE SIGNED 4/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 12-1949
NAME OF CEMETERY OR CREMATORY ~~William H. James Jr.~~ Revell Neck
LOCATION (City, town, or county) Revell Neck, Somerset, Md. (State)

DATE REC'D BY LOCAL REG. 4/12/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.
24. FUNERAL DIRECTOR William H. James Jr.
ADDRESS Princess Anne, Md.

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04059

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 67
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Philip (Middle) Oscar (Last) Layfield

4. DATE OF DEATH (Month) 4- (Day) 2 (Year) 49 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4-6-1881
9. AGE last birthday 67 yrs. If under 1 year Months. 26 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Westover
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Layfield
14. MOTHER'S MAIDEN NAME Isabell Layfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Oscar Layfield Princess Anne Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 6 mon.

177 Antecedent cause(s)

51 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10.16.48
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.12, 1949, to 1.16, 1949, that I last saw the deceased alive on 1.16, 1949 and that death occurred at 7 40 P.m., from the causes and on the date stated above.

SIGNATURE H A Brille (Degree or title) M.D. ADDRESS 504 N. Division St DATE SIGNED 4.4.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-4-1949
NAME OF CEMETERY OR CREMATORY Monokia Cemetery
LOCATION (City, town, or county) Princess Anne, Md (State)

DATE REC'D BY LOCAL REG. 4/4/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04060

CERTIFICATE OF DEATH

Reg. Dist. No. 265

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 318 Chesapeake Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural give location) 318 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edwin	Evans	Lewis	4	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	~~Married~~	12/7/1900	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stationary Engineer & Fireman on barge		Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William N. Lewis	Amanda Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Lorraine Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral hemorrhage c — Interval between onset and death:

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia, rt. — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 21, 1949, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. S. Rawley M.D.	Crisfield	May

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/29/49	Sunny Ridge	Hopewell Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/28/49	C. E. Collins	Durward Covington	306 Main St Crisfield Md.

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04061

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY in this place Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) Pine Street

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) ALICE (Last) MADDRIX

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1881

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Lawson

14. MOTHER'S MAIDEN NAME: Alice Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Kirk Maddrix

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	1 wk.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary infarction	2 wks.
	(c) Coronary thrombosis	2 wks.

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 8 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1949, to Apr. 19, 1949 that I last saw the deceased alive on Apr. 18, 1949, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Apr. 21, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Apr. 21, 1949 | NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery | LOCATION (City, town, or county) (State): Hopewell, Maryland

DATE REC'D BY LOCAL REG. 4/21/49 | REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield, Md.

RECEIVED
APR 24 1949
BUREAU V. S.

Evidence for change in age shown on:

04062

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 12[illegible] MAY 12 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 1 month	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural---Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location) Rural---Marion

3. NAME OF DECEASED (Type or Print)	(First) LLOYD	(Middle) GIDDEN	(Last) MASON, SR.	4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1949 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1884	9. AGE last birthday 64 ~~65~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pocomoke, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Julius Mason		14. MOTHER'S MAIDEN NAME Arintha ? (unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Lloyd Mason, Jr.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dil of Heart	24 hrs
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Disease	21 days
131a	(c) Chronic Int nephritis chronic nephritis	[illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) no —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE) none
TIME OF INJURY (Month) (Day) (Year) (Hour) none. m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from Mch 31, 1949, to April 22, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Coulbourn	M D	Marion Sta Md	April 23 49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF Apr. 24, 1949	NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REG. April 23/49	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors	ADDRESS Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04063

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 24 Columbia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 24 Columbia Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Amanda	J.	Miles	April 16, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Jan. 31, 1856	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Saxis Island, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Spence	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		Carlton Drewer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of uterus — Interval between onset and death: 1yr

174 Antecedent cause(s)

460 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — 2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1, 1949, to Apr. 16, 1949 that I last saw the deceased alive on Apr. 15, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D	Crisfield, Md	Apr. 17, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 17 1949	Miles Family Cem.	Saxis Island, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/49	C. E. Collins	Durward Q. Covington	Main St. Cris

RECEIVED
APR 21 1949
BUREAU Y. S.

EVIDENCE FOR ADDITIONAL INFORMATION IN ITEMS # 2,8,9,13,14,17,23 & 24 IS ON: FILM #G120-May 9, 1949--A.A.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04064

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke - Rt. 1
   LENGTH OF STAY (In this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Norfolk
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PORTLOCK
   STREET ADDRESS (If rural, give location): R.F.D. # 3 Box 405 - Norfolk Va.

3. NAME OF DECEASED (Type or Print): (First) Marcella (Middle) Elizabeth (Last) Miles

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: OCT. 16, 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months 6, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Not known

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: CHARLES H. BATEMAN

14. MOTHER'S MAIDEN NAME: SUSAN SCOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: HENRY B. MILES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken Neck — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
825.5
170 c
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rt 13 (CITY OR TOWN): Somerset (COUNTY): (STATE): Md

TIME OF INJURY (Month), (Day) (Year) (Hour): April 29 1949 11 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry B. Lankford (Degree or title) ADDRESS: Princess Anne Md DATE SIGNED: 4/30/49

HENRY B. LANKFORD Deputy Medical Examiner Somerset County

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: April 30-49
NAME OF CEMETERY OR CREMATORY: RIVERSIDE CEMETERY
LOCATION (City, town, or county) (State): South Norfolk Virginia

DATE REC'D BY LOCAL REG.: 4/30/49
REGISTRAR'S SIGNATURE: R. E. Johnson, M.D. gd.
24. FUNERAL DIRECTOR: Graham Funeral Home - So. Norfolk
ADDRESS: 1302 JEFFERSON ST., Va.

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04065

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS Maryland Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) O. (Last) MILLS

4. DATE OF DEATH (Month) (Day) (Year): Apr. 6, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 14, 1891

9. AGE last birthday: 58 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Mills

14. MOTHER'S MAIDEN NAME: Maggie Mister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Bessie Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
444 Immediate cause	(a) Uremia	2 days
132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension + Nephritis	3 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to April 6, 1949, that I last saw the deceased alive on April 3, 1949, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton (Degree or title): M.D. ADDRESS: Crisfield, Md DATE SIGNED: April 6, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Apr. 8, 1949 | NAME OF CEMETERY OR CREMATORY: Crisfield Cemtery | LOCATION (City, town, or county) (State): Crisfield Maryland

DATE REC'D BY LOCAL REG. 4/7/49 | REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors ADDRESS: Crisfield

VS. A15

RECEIVED
APR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04066

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Vivian (Middle) B. (Last) Muir

4. DATE OF DEATH (Month) April (Day) 30 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct. 29, 1892

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Oriole

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Joseph McDaniel

14. MOTHER'S MAIDEN NAME Elizabeth Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Clarence Muir

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (General Metastasis) unknown

157 Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 17, 1948

19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma Pancreas c General abd Metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to April 29 1949, that I last saw the deceased alive on April 29, 1949, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Whaley M.D. ADDRESS Princess Anne Md. DATE SIGNED May 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 3, 1949 NAME OF CEMETERY OR CREMATORY Jr. O. A. Cemetery LOCATION (City, town, or county) Oriole (State) Md.

DATE REC'D BY LOCAL REG. 5/2/49 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Sd.

24. FUNERAL DIRECTOR Wale Washell ADDRESS Pr. Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04067

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
LENGTH OF STAY (in this place) 61 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) O. (Last) Murray

4. DATE OF DEATH (Month) (Day) (Year) April. 24, 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct. 24, 1887

9. AGE last birthday 61 yrs. If under 1 year: Months 6 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George B. Mason Md.

14. MOTHER'S MAIDEN NAME Mary Ann Scott Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Edwin Murray Mt. Vernon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a)	
364.3 Antecedent cause(s)		
74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Acute Leukemia	2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 24, 1948, to April 23, 1949 that I last saw the deceased alive on April 23, 1949, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE Frank Mates (Degree or title) MD ADDRESS Princess Anne DATE SIGNED 4/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 4-26-1949 | NAME OF CEMETERY OR CREMATORY Asbury M. Cemetery | LOCATION (City, town, or county) (State) Mt. Vernon, Md

DATE REC'D BY LOCAL REG. 4/26/49 | REGISTRAR'S SIGNATURE R. R. Johnson, M.D. | 24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Maryland

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APR 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04968

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Maple Avenue

3. NAME OF DECEASED (Type or Print): (First) Hazel (Middle) Lydia (Last) Nelson

4. DATE OF DEATH: (Month) Apr. (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 1, 1901

9. AGE last birthday: 48 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Ward

14. MOTHER'S MAIDEN NAME: Charlotte Dize

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Earl Lee Nelson, Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

007
136

four years previous to 18 years ago she was in Salisbury Md T. B. Hospital as patient since then has not had any Medical attention - last time she was out was sick 20-1949 for 2 2 months She was home with twin family & friends Said she had not any Medical attendance as she & family believe in God - stated they do not believe in Doctors or Medicine - She died with out any Medical attendance as she & family believe in God - stated they do not believe in Doctors or Medicine - They believe in prayers only

19. DATE OF OPERATION — 19a. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) Suicide, Homicide, Not Stated — PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to ..... that I last saw the deceased alive on ....., 19....., and that death occurred at 3:55 A m., from the causes and on the date stated above.

was Dead when I was Called

SIGNATURE AND (Degree or title): Wm H. Coulbourn M.D. — ADDRESS: Crisfield Md — DATE SIGNED: April 5-1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 5, 1949	Sunny Ridge Cemetery	RURAL, Crisfield, Md.

DATE REC'D BY LOCAL REG.: April 5-49 — REGISTRAR'S SIGNATURE: C. E. Collins — 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors — ADDRESS: Crisfield Md

Tuberculosis case register showed patient had low grade activity in 1944.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04069

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) E. (Last) POLEYETTE

4. DATE OF DEATH: (Month) (Day) (Year) Apr. 29, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Cleaning

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nelson Poleyette

14. MOTHER'S MAIDEN NAME: Clara Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. E. S. Conner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	1 day
4/a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocarditis due to myocardial injuries	3 yrs
	(c) Carcinoma of larynx - metastases to neck glands.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1934

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of larynx (larynx removed)

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 28, 1949, to Apr. 29, 1949, that I last saw the deceased alive on Apr. 28, 1949, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE: Saml M. Payton (Degree or title) M.D. ADDRESS: Crisfield Md DATE SIGNED: Apr. 30 1949

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: May 1, 1949
NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: May 1, 1949
REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, Crisfield ADDRESS

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MAY 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04070

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1 Lawsonia; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; STREET ADDRESS (If rural give location) Lawsonia

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) Tyler

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/13/1888

9. AGE last birthday: 60 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Crisfield Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Owens

14. MOTHER'S MAIDEN NAME: Jessie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hemorrhage — Interval Between Onset and Death: 20 mins.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary tuberculosis

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13, 1949, to Apr. 13, 1949, that I last saw the deceased alive on Apr. 13, 1949, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE: S. M. Peyton (Degree or title) M.D. ADDRESS: Crisfield Md. DATE SIGNED: Apr. 15 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 4/17/49; NAME OF CEMETERY OR CREMATORY Asbury Cemetery; LOCATION (City, town, or county) Crisfield; (State) Md.

DATE REC'D BY LOCAL REG. 4/16/49; REGISTRAR'S SIGNATURE C. E. Collins

24. FUNERAL DIRECTOR: Durwood Corkington; ADDRESS: 306 Main St Crisfield Md.

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APR 19 1949
BUREAU V. S.

04071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Thomas (Last) Ward

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1949

5. SEX Male — 6. COLOR OR RACE Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single — 8. DATE OF BIRTH April 17, 1890 — 9. AGE last birthday 58 yrs. — If under 1 year Months 11 Days 29 — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Work — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Marion Sta., Md. — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME James Ward — 14. MOTHER'S MAIDEN NAME Annie Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. 526-10-2934 — 17. INFORMANT James Ward.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Disease — 10 months

002 Antecedent cause(s) Bb — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — months about 10

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION none — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to Apr 16, 1949, that I last saw the deceased alive on Apr 10, 1949, and that death occurred at what 10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Guy D Coulbourn MD — ADDRESS Marion Sta Md — DATE SIGNED April 18 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE April 19, 1949 — NAME OF CEMETERY OR CREMATORY Hayman's — LOCATION (City, town, or county) (State) Marion Sta., Somerset Md.

DATE REC'D BY LOCAL REG. 4/18/49 — REGISTRAR'S SIGNATURE Betty Massey — 24. FUNERAL DIRECTOR ADDRESS Charles H. Ward, Marion Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1949
BUREAU V. S.

04072

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter — LENGTH OF STAY (in this place): 100 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
HOSPITAL OR INSTITUTION OR STREET ADDRESS: at home	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) F	(Last) White	4. DATE OF DEATH (Month) April, (Day) 9 (Year) 1949
5. SEX: male	6. COLOR OR RACE: color	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: March, 20, 1849	9. AGE last birthday: 100 yrs. — If under 1 year: Months. Days 20 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY: labor	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Peter White		14. MOTHER'S MAIDEN NAME: Cases Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: Fred White Dames Quarter, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterial Sclerosis & Chronic Myocarditis — 1942

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ap 15 1942, 19....., to Ap 9th, 1949, that I last saw the deceased alive on Ap 5th, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eedore G. Bjarksman

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4-12-49	NAME OF CEMETERY OR CREMATORY: Dames Quarter Cemetery	LOCATION (City, town, or county) (State): Dames Quarter, Md.
DATE REC'D BY LOCAL REG.: 4/11/49	REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. gd.	24. FUNERAL DIRECTOR: Levin R. Wilson	ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04073

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jessie		Whittington	April	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Fem	Col	widowed	June 1 1871	78 yrs.	10			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	none	Marion md	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hasey	Sallie Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Sidney Whittington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia. Acut Del & Hart. — Interval between onset and death: 2 mths

422.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chron Int nephrit Chron myocarde — Interval: Years

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—					

22. I hereby certify that I attended the deceased from Oct 1, 1948, to May 1, 1949, that I last saw the deceased alive on Mch 28, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Geo C Coulbourn MD	Marion Md	Apl 4. 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr 5-1949	Branch	Marion somerset co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 4/49	Betty Massey	Charles H Ward	Marion Md

VS. A15

RECEIVED
APR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04074

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Ronnie (Middle) (Last) Williams

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 12 1907

9. AGE last birthday: ~~1909~~ 42 yrs. If under 1 year: Months 1, Days 14, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Marion Sta., Md. Somerset

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Williams

14. MOTHER'S MAIDEN NAME: Celia Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-18-5890

17. INFORMANT: Thomas Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Disease	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Alcoholism	years
	(c) Chronic Int Nephritis Chronic myocarditis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No		Marion Sta	Somerset	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None			m.		None

22. I hereby certify that I attended the deceased from April 15, 19 49, to April 26, 19 49, that I last saw the deceased alive on April 25, 19 49, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving C Rubin	M D	Princess Ann Md.	April 29 49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 29, 1949	Branch	Marion Sta., Somerset Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 28/49	Betty Massey	Charles H. Hard	Marion Sta. Md.

RECEIVED
MAY 2 1949
BUREAU T. S.